

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/069357 FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|---------------------|------|---------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | 1 | | | | | |
| 25 | | | | | | |
| 26 | 1 | | | | | |
| 27 | 1 | | | | | |
| 28 | 1 | | | | | |
| 29 | 1 | | | | | |
| 30 | 1 | | | | | |
| 31 | 1 | | | | | |
| 32 | 1 | | | | | |
| 33 | 1 | | | | | |
| 34 | 1 | | | | | |
| 35 | 1 | | | | | |
| 36 | 1 | | | | | |
| 37 | 1 | | | | | |
| 38 | 1 | | | | | |
| 39 | 1 | | | | | |
| 40 | 1 | | | | | |
| 41 | | | | | | |
| 42 | | | | | | |
| 43 | 2 | | | | | |
| 44 | 1 | | | | | |
| 45 | 1 | | | | | |
| 46 | 1 | | | | | |
| 47 | 3 | | | | | |
| 48 | 3 | | | | | |
| 49 | 3 | | | | | |
| 50 | 3 | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| | | | | | | |
|--------------|------|------|----|------|------|----|
| * | IND. | DEP. | * | IND. | DEP. | * |
| 61 | 3 | | 62 | 3 | | 63 |
| 64 | 3 | | 65 | 3 | | 66 |
| 67 | 1 | | 68 | 1 | | 69 |
| 70 | | | 71 | | | 72 |
| 73 | | | 74 | | | 75 |
| 76 | | | 77 | | | 78 |
| 79 | | | 80 | | | 81 |
| 82 | | | 83 | | | 84 |
| 85 | | | 86 | | | 87 |
| 88 | | | 89 | | | 90 |
| 91 | | | 92 | | | 93 |
| 94 | | | 95 | | | 96 |
| 97 | | | 98 | | | 99 |
| 100 | | | | | | |
| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 47 | | | | | |
| TOTAL CLAIMS | 51 | | | | | |